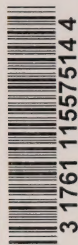


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# *in the best interests of the child*

a report by the  
national council of welfare  
on the child welfare system  
in canada

december 1979

national council  
of welfare



conseil national  
du bien-être social





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National Council of Welfare  
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## INTRODUCTION

Ever since Canada became a nation, a substantial number of its citizens have lived part or all of their childhood apart from their families. The earliest reliable figures date back to the Depression when some 40,000 children were cared for by persons other than their parents or close relatives. Today 80,000 children - one in every hundred - live 'in care' across the country.<sup>1</sup>

The types of substitute care have changed greatly over the years. In the last century charitable and religious organizations ran orphanages, industrial training schools, apprenticeship programs and boarding homes. Today governments fund and regulate most of the services which take the place of parental care (though the actual delivery is often still through private agencies). Foster homes account for 60% of Canada's children in care, with another 20% in juvenile institutions and treatment centers and the remainder in group homes and other facilities.<sup>2</sup>

Besides arrangements which substitute for parents, a variety of supportive social services such as family counselling, day care and visiting homemakers have been developed to assist families in caring for their children. There is no precise count of how many children and parents make use of these in-home services, but a conservative estimate would place the total at two or three times that of the number of kids in care - upwards of a quarter of a million Canadian families.

Together these substitute and supportive services for children and their families constitute the large and complex child welfare system. This network, which varies considerably in shape and scope from province to province, costs the federal, provincial and municipal governments combined some three-quarters of a billion dollars a year.<sup>3</sup> 'Child welfare' has become a major industry employing a host of specialists such as social workers,

psychiatrists, and lawyers. The 'homes for foundlings and wayward boys and girls' of the last century seem quaint and rudimentary by comparison.

One fundamental characteristic of the child welfare system, however, has not changed appreciably over the years: its clients are still overwhelmingly drawn from the ranks of Canada's poor.

Exactly how many of the 80,000 children in care, or of the larger number of families receiving preventive and supportive services, fall under the poverty line is impossible to determine. Neither public nor private child care agencies regularly gather adequate information on the income of their clients, a fact which both reflects and reinforces our limited understanding of Canada's patchwork child welfare system.

However the little research which has been done proves conclusively that low-income families are much more likely to use children's social services than those who are better off. A recent Quebec study, for example, found that of the 31,000 children who live in care throughout the province, two in every three come from families with incomes below the poverty line;<sup>4</sup> yet poor families make up only 13% of all Quebec families. Simple arithmetic indicates the extent to which low-income families are overrepresented among the clientele of children's social services.

There are two major reasons why poor families are more likely than those with higher incomes to use children's social services. First, low-income parents run a greater risk of encountering problems that reduce their capacity to provide adequate care for their children. Second, poor families are largely dependent upon a single, overburdened source of help - the child welfare system - in coping with their problems, whereas more affluent families enjoy access to a broader and superior range of supportive resources.



Precisely because they cannot command the resources needed to deal with difficulties before they develop into more serious problems, low-income families' vulnerability is further increased as untreated problems accumulate and compound one another. By the time they come to the attention of the child welfare system, their problems often have become much more difficult to tackle in an effective manner.

## POVERTY AND STRESS

Families at all income levels risk the breakup of marriages, the illness or death of a parent, the special problems of handicapped children, difficulties with rebellious teen-agers, and other strains on their child-rearing capacities. The poor, however, must shoulder an additional burden - the constant anxiety and pressure that result from struggling to raise a family on an inadequate and often uncertain income.

Life is a see-saw affair for poor parents and their children. Their income is already not sufficient to meet the most basic requirements of food, clothing and shelter. Anything that widens the gap between income and need - the loss of a breadwinner's wages because of unemployment or illness, escalating rent, sudden rises in fuel and grocery costs, any unexpected and unavoidable expense - can plunge a poor family into crisis.

Poverty increases the range, frequency and severity of stress to which families are exposed. In virtually every major aspect of their lives - from their housing and health to their work and education - low-income Canadians face the prospect of doing without what most people take for granted, and putting up with more problems than most are likely to encounter.

Overcrowded and substandard housing, to take but one example, is a fact of life for many low-income families that can be a major source of stress. Members of crowded households lack privacy and often feel overwhelmed by the demands of ever-present parents, children, or brothers and sisters. The stress caused by inadequate housing can contribute to physical and psychological illnesses which, in turn, create additional pressures and problems for parents already facing difficulties in providing consistent care for their children.

A 1976 Toronto study compared families living in overcrowded conditions with those in uncrowded homes. The most dramatic differences showed up among male family heads in the survey. Over half of the men living under crowded conditions had experienced stress-related ailments such as hypertension, heart disease and peptic ulcers, compared to only a third of the men of similar age, education and other personal characteristics living in uncrowded surroundings. Close to one quarter of the men in crowded housing suffered from infectious diseases and 21% from communicable illnesses.<sup>5</sup>

Too many people living in too few rooms can also have a harmful effect on children's health and development. Kids brought up in crowded homes encounter more than their share of academic and behavioral problems at school. They are more often punished physically by their parents and more frequently quarrel with their brothers and sisters than kids living in uncrowded conditions. Overcrowding is one of the reasons that poor kids are more vulnerable to colds and sickness that interrupt their schooling.<sup>6</sup>

Needless to say, overcrowding is only one of several factors that account for the poor's higher than average susceptibility to certain forms of illness. Inadequate nutrition and medical care also contribute to the health deficit of poor Canadians. Whether such problems strike children or parents, their impact on low-income families can be serious and far-reaching.

Even a temporary illness can turn a low-income family's daily routine upside down and weaken its capacity to provide proper child care, especially for infants and preschoolers. For a two-parent household, the sickness of one parent upsets the established division of responsibilities and shifts the entire burden onto the other parent. Unless neighbors, relatives or friends volunteer their help or visiting homemaker services are readily available, a low-income family is very unlikely to have the money needed for



supplementary child care or home help, especially when it must already contend with the additional burden of paying for uninsured medical expenses such as prescription drugs. A low-income single parent who falls ill faces an even graver situation and, unless help is close at hand, a greater risk that his or her children may have to be placed in substitute care for the duration of the illness.

Life below the poverty line exposes parents and children alike to considerable stress. However this does not mean that all or even most low-income families encounter serious problems that lead them into the child welfare system. In fact most poor parents manage to raise their children as well as anybody else, and the vast majority of poor kids do not end up in foster homes or institutions.

Stress does not affect all poor families in the same way, any more than its impact is felt equally by families from higher income levels. Certain groups - in particular families with mentally and physically handicapped children, native families and single-parent families - must cope with an unusually heavy burden of stress. It is children from these homes who face the highest risk of being separated from their parents and placed in substitute care.

The more stress a person is subjected to, the greater the likelihood that harmful physical or psychological effects will occur. It is one thing to face a crisis or difficulty - the death of a loved one, the loss of a job, the serious illness of a child - that creates a heavy but, on its own, tolerable burden of strain. However to be confronted with a string of such problems or, worse still, several at the same time greatly increases the burden of stress and the odds of buckling under the pressure.

Though data is lacking for Canada, in Britain and the United States it has been estimated that one in every twenty

families suffers multiple problems (including inadequate income) which jeopardize their child-raising capacity.<sup>7</sup> Any low-income family with a mentally or physically disabled member is likely to find itself in this 'high risk' category, since the extra emotional and financial strain substantially increases its overall level of stress. (In many cases, of course, handicapped children have to be placed in out-of-family care because they require special treatment facilities that cannot be provided at home.)

Native persons are much more likely than most Canadians to live a life characterized by multiple disadvantages and hardships. Besides the traditional conditions of poverty such as chronic unemployment, inadequate housing and poor diet, Indian families must contend with the additional problem of racial discrimination. For the thousands who are leaving the isolation of reservations and moving to cities where they come into closer contact with white society, culture shock creates yet another source of stress and instability.

The effects of stress on native families show up in a clear and unmistakable fashion in the child welfare statistics. Over 3.4% of status Indian children are in the substitute care of provincial and federal child welfare agencies - more than three times the rate for all Canadian children. Native children make up 39% of the children in care in British Columbia, 40% in Alberta, 50% in Saskatchewan and 60% in Manitoba. Yet while Indian kids are entering care at an increasing rate, their rate of discharge is well below that of white children.<sup>8</sup>

Low-income single parents figure disproportionately among users of child welfare services. Though a growing number of men are joining the ranks of single parents, families headed by single mothers remain the more numerous and economically disadvantaged. More than two-thirds of single mothers under the age of 35 struggle to raise their children on a poverty income.<sup>9</sup>

Low-income single women who work at home caring for preschool children are particularly susceptible to stress-related problems such as depression. Raising young children on a full-time basis is difficult enough for any parent, especially one who has to bear all the responsibility and pressures alone. The anxieties and difficulties of life on an inadequate income make matters all that much worse. Isolation and loneliness are additional problems for many low-income single parents at home all day with the kids. Single parents who have a job, on the other hand, are generally more capable of coping with stress because they get a regular break from the children, develop more outside interests and friendships, and achieve a sense of independence through their work.<sup>10</sup>

Low-income single mothers who remain at home face yet another source of stress - welfare, for most their principal form of income. Social assistance recipients in every province in Canada must cope with the twin problems of inadequate income (a single-parent family with two kids must get by on an income which ranges from 17% to 40% below the poverty line depending on their province of residence) and the stigma that accompanies each month's welfare cheque.<sup>11</sup> Small wonder, then, that a Montreal study found that welfare recipients suffered an extremely high average level of stress - more, in fact, than a comparison group of psychiatric patients under hospital care. Over 60% of the welfare recipients interviewed experienced a significant or exceptionally high level of stress.<sup>12</sup>



THE CHILD WELFARE SYSTEM:  
YET ANOTHER SOURCE OF STRESS

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Families at all income levels, both poor and affluent, sometimes need help with troubles affecting parents, children or the relationship between them. However the gulf between poor and non-poor families does not disappear once they are faced with problems that can only be handled with outside assistance. Poor families are as much at a disadvantage when they look for help as when their troubles are developing. And even when they are unlucky enough to encounter tensions and crises, higher-income families enjoy better odds of coping successfully.

There is a significant difference in the services available to lower-income and higher-income families. Low-income families must rely mainly on the publicly-financed child welfare system. More affluent families, on the other hand, can afford to buy into a very different network for dealing with their problems - a private, confidential and higher quality system of family services.

Some of the services available to middle and upper-income parents are so far removed from the child welfare system that we rarely think of them at all as 'family social services' in the conventional sense. Summer camps, vacations and housekeepers, for example, are often-used resources which can significantly ease the burden of child care. More affluent families can afford such expensive luxuries as winter holidays and boarding schools. All of these are preventive services in the full meaning of the term: they provide a safety valve to ease tension between parents and children, or allow parents to spend more leisure time with their kids.

When non-poor families do resort to more conventional family services, they enjoy the substantial advantages that money

can bring. They can afford private services such as marriage and family counsellors, child psychiatrists, and specialized medical and dental care not normally covered under provincial health insurance plans. If need be, they can take time off work and travel to seek the necessary attention. When they occasionally use the children's social services system, they usually do so voluntarily, selecting preventive and supplementary services to help cope with problems such as mental and physical handicap and learning disabilities.

Since non-poor families, particularly those with high incomes, have access to a wider range of resources, they can shop around and find the best assistance available. As a result they are able to deal with emerging problems at an early stage, when something can be done about them and before they worsen to the point where they pose a serious threat to family stability or to the well-being of parents or children. Their problems rarely deteriorate to the extent that removing a child from the family and placing him in some form of substitute care is the only realistic course of action.

A comfortable income brings still other advantages. Parents who enjoy higher incomes also tend to work in higher-status occupations and have more formal education. They are able to deal with professionals and bureaucrats on an equal footing with a degree of confidence that many low-income families cannot command in their own encounters with child welfare agencies.

By relying on a diffuse, varied and less visible network of family support, higher-income families are generally able to avoid the public scrutiny that comes with being clients of the children's social services system. When it comes to tallying up the balance sheet of family and child care problems, better-off families are undercounted, a fact which artificially widens the gap between them and poor families.<sup>13</sup>

When low-income families need outside assistance in coping with serious problems, they have only one avenue available: the public children's social services system - a system which, far from helping them, sometimes makes their problems worse. For many families an encounter with the child welfare system creates as much stress and anxiety as the difficulties which lead them to it in the first place.

Despite what most would consider a more enlightened and compassionate attitude than in the past, our society still stands in judgment on parents who are unable to care for their children. Whether a child is returned home under the supervision of a child welfare agency or sent to a foster home or treatment facility, the implication is the same: his or her parents have failed to perform adequately one of the most important roles of adult life.

On the face of it, of course, parental inability is the reason underlying any decision to place a child in care. Whether the problem lies with the parent, the child, or both, and whether or not the initiative to remove the child is taken by the parents or by the child welfare authorities, the state can only intervene when it judges parents unable or unwilling to care properly for their children. What is often forgotten, however, is that the term 'unable or unwilling to provide care' is nothing more than a convenient administrative label lumping together a wide variety of family problems, many of which stem from inadequate income, unemployment and other factors that cannot fairly be blamed on their victims.

Several features of the children's social services system reinforce the stigmatizing effects of substitute care and can make a family's encounter with the system a frustrating and difficult ordeal. The problems begin with the process by which families are drawn into the child welfare network.



In some cases parents and the child welfare agency work out a voluntary agreement to place a child in alternate care for a temporary period. Unless a parent is being pressured into taking this course of action and does not fully understand the implications of the decision, the voluntary route into care is probably the least disruptive and painful. If, for example, a parent is ill or a child needs treatment that can only be provided in a specialized institution, a temporary period outside the home may well be in the best interests of the family in the long run. However if social workers step in and remove a child from the home because of suspected neglect or abuse, the case must be brought before a family court judge.

Family court can be a trying experience for both children and their parents. Though some provinces are now providing independent legal counsel for parents and children, the technical language and procedures used in the courtroom prove difficult to comprehend and overwhelming for many parents and children. Parents often feel themselves powerless players in an adversary process dominated by lawyers, judges, expert witnesses and child care workers.

Some parents are totally opposed to the intervention of the child welfare authorities and regard it as an unwarranted interference in their private life. Their encounter with children's social services leaves them feeling resentful, bitter and frustrated. One single parent on welfare who required hospitalization for nervous tension was told her only option was to appear before the family court, have her children declared "in need of protection" and placed in a foster home. She likened her experience with the child welfare system to an encounter with the police:

The welfare would not help me so I had to put my children into foster care for three months. The workers came and apprehended (which means arrest) my children.<sup>14</sup>

So great was this woman's fear and distrust of the child welfare system that she hesitated before joining an organization of parents with children in care in case this were taken as "a cause for the welfare to step in and steal away from me my kids again."

The judge's role in family court is to hear all the evidence and decide what is 'in the best interests' of the child. The judge either sends the child home, sometimes under the supervision of the child welfare authorities, or declares him a temporary or permanent ward of the state and has him placed in substitute care. Whether a child is placed in temporary care or becomes a permanent ward eligible for adoption, his parents relinquish their normal rights and responsibilities. Even if the child is returned home 'under supervision', the parents must answer to the child welfare authorities until the latter are satisfied the child is receiving proper care.

The child welfare authorities and family court judges wield a great deal of power in this process, in part because provincial child welfare laws leave a great deal to their discretion and personal judgment. The grounds for declaring a child 'in need of protection' are expressed in general terms that permit widely varying interpretation according to the inclinations and biases of a particular judge or caseworker. Vaguely worded references to a child "living in unfit or in improper circumstances", "beyond the control of the person caring for him" and "in the care of a person whose conduct endangers his life, health, or emotional well-being" are commonplace clauses in Canadian child welfare statutes.<sup>15</sup>

No amount of updating and reform can entirely do away with the discretionary nature of child welfare legislation because decisions concerning the safety and well-being of children simply cannot be made without considerable human judgment. But those who disagree with a particular decision, especially if they are the parents of a child in care, may regard 'judgment' as bias or even

prejudice. Some argue that the middle-class values of judges and child care workers sometimes influence their view of families from different ethnic and income groups who follow different standards and practices of child rearing. The fact that children from low-income families, particularly native kids and those with single parents, are overrepresented among those in substitute care likely results in part from discrimination against such 'problem' families by some child care authorities.

Whether or not they regard the removal of their child as justified and in his or her best interest, many parents undergo a painful and sometimes traumatic sense of loss. One mother described her conflicting emotions after she had relinquished her child for adoption by his foster parents:

I put my son in foster care because I love him. I gave him up for adoption because I love him. Though I gave him up by resorting to reason and logic, I suffer the pain and anguish to the bottom of my guts. Sometimes that pain is almost unbearable, for my arms ache to hold and love him.<sup>16</sup>

Though some child welfare agencies now permit and sometimes even encourage contact between natural parents and children in care, parents often feel neglected and cut off from their children; as time passes they may feel increasingly remote and irrelevant. One parent recounted her attempts to maintain regular contact with her children:

I lost my children because of lack of money which led to poor health. Can you imagine being punished for something as normal as wanting to see your own child? I was. I had to ask for permission to see my children ... phone calls were never returned, appointments to see my children were broken without my knowledge and I had to sit waiting for someone who never showed up.<sup>17</sup>



In some fortunate instances natural parents and foster parents manage to develop a relationship that allows the former regular contact with the child. In many cases, however, there is an understandable rift between the child's 'new' and 'old' parents:

Slowly the realization dawned on me that it didn't matter a damn what I thought or what I wanted for my daughter. I had been replaced as a parent and now I was disposed of. These people are educated and I am not. If they disagreed with me surely it was because they were right and I was wrong. Obviously as a parent I was an absolute failure not even worth helping. My faith in my own judgment and my very shaky self-confidence evaporated completely and I gave up in defeat.<sup>18</sup>

In theory the child welfare system is supposed to work towards the reunification of natural parents and children in care wherever possible. In practice, however, few if any resources are available to help parents cope with the emotional consequences of separation and overcome the problems which led to family breakdown. While the child welfare system devotes the bulk of its resources to children in care and their substitute parents, in the majority of cases it is natural parents' problems which force children into care in the first place.

If the parents' experience with the child welfare system is stressful, it is at least as difficult for the child, particularly if he is removed from his family. Of course in some instances - repeated sexual or physical abuse, abandonment, parental hospitalization or death - there is little doubt that a child needs alternate care. However in other cases substitute care is a decidedly second-best measure taken only because the resources a family really needs - better housing, more income, visiting home-makers and the like - are not available.

Like their parents, children in care often feel hostile towards the child welfare system. The child is often unprepared

for such a major life transition and doesn't really understand why or where he is going. A girl who spent eight months in a receiving home and then lived in three different foster homes describes her mixed emotions:

When I first went into care I was really angry with the Children's Aid Society. This was because I didn't know the real reason why I was going into care or understand what the Children's Aid was for. All I knew was that I was taken away from my parents. I didn't even know to what place I was going.

Now that I have been a ward for a few years I know that the Children's Aid Society is there to help families ... However, I still can't forgive the Children's Aid for breaking up our family but I think it has worked out alright so far.<sup>19</sup>

Kids separated from their parents undergo much more serious problems than being homesick. They often feel abandoned, unwanted, or rejected. They may unconsciously condemn themselves as guilty for the problem which led to their removal, as an interview with a foster child demonstrated:

The only reason that I can think of for my mother not to want me is if there is something terribly wrong with me or something terribly wrong with her. Either way I've had it.<sup>20</sup>

Once he has been removed from his family, life for a child 'in care' is seldom the same again. Though there are happy exceptions - children adopted at an early age or lucky enough to find security and happiness with understanding foster parents - all too often the prospects of a normal childhood are dim.

While a child removed from his family because of a parent's illness is likely to spend a relatively short period in care, a

child considered the source of the family's problems - for example, an emotionally disturbed or a difficult-to-control youngster - faces the prospect of spending years in care. In fact, once placed in a foster home, such a child is as likely to remain in foster care the rest of his youth as return to his own family. A recent study in British Columbia concluded that over 80% of young children in care for six months or longer have virtually no hope of returning home to their parents.<sup>21</sup>

If a child is labelled a 'behavioral problem' on entry into the child welfare system, he runs a greater than average risk of being moved from one foster family, group home or institution to another. The longer he remains in care, the greater the prospect that he will spend the rest of his childhood and adolescent years apart from his family, the less likely he is to be adopted, and the more apt he is to end up on the multiple-placement treadmill. Children placed 'temporarily' in foster care average four different sets of foster parents, while those who have been made permanent wards of the child welfare system are likely to end up in eight different foster homes. Some children have been known to pass through 24 foster homes in three years.<sup>22</sup>

A child who remains in care for an extended period, particularly if he is moved repeatedly from one substitute home to another, faces a much higher risk of beginning adult life at a significant disadvantage. His educational performance is more likely to be below average. He is more prone to emotional and behavioral problems which disturb relationships with friends, foster family, social workers and teachers.<sup>23</sup> He often learns to keep his feelings in check and to distrust adults, since experience soon teaches him that initially sympathetic grown-ups have a habit of disappearing from his life.

The gap between poor and non-poor families persists even after their children end up in care. Not only are low-income

children much more likely to be removed from their families, but their experience in care also tends to be more difficult. Poor kids face a greater likelihood of remaining in care for a lengthy period and, as a study of the Metropolitan Toronto Children's Aid Society indicated, are twice as likely as children from non-poor families to come into care more than once.<sup>24</sup>

Low-income children in foster homes must face the additional difficulty of adapting to the life-style and child-rearing practices of substitute parents who are likely to come from a middle-class background.<sup>25</sup> This problem is particularly severe for Indian children in care, most of whom are fostered or adopted by white middle-class parents. In this sense the modern children's social services system, no matter how admirable the intentions of its designers and administrators, continues to 'rescue' kids from low-income families, just as the child-saving movement a century ago sought to remove poor children from the 'baneful influence of bad homes'.



## CHILD WELFARE IN CRISIS

The stigma of child welfare and the consequences of substitute care are only part of the problem with the public system of services for children. The other problem - indeed, the root cause of the current crisis in child welfare - is that the children's social services system is overloaded.

Too many families experiencing all manner of problems and pressures are being forced to turn to child welfare services because no other help is available. Too many Canadians expect the system to perform miracles and are quick to condemn it when it falters. The inevitable result is that the system cannot effectively handle children who are really in need of substitute care, let alone properly undertake the preventive and supportive functions that should be its higher priority.

Many child welfare agencies have noted a marked increase in the number of families seeking help during the past few years. In February 1979 a Toronto mental health clinic for disturbed children reported a 76% increase in referrals in just one year and a 62% increase in high-risk cases.<sup>26</sup> The Ottawa Children's Aid Society reported that an average of two new children come into care each day.<sup>27</sup> Scarcely a week goes by without fresh evidence of an increase in the number of abused and neglected children and the critical need for more substitute homes.

The national statistics substantiate these individual observations of increased pressure on the children's services system. The number of children in substitute care reached a peak of 102,000 in 1970, representing over 1% of Canadians 19 years old and under. That number has declined somewhat since (to around 80,000 today) but so has the child population as a whole, so that on average one child in a hundred still lives in care. The Yukon

and Northwest Territories, Alberta and Quebec have the highest proportions of their children in care (3.90% for the territories together, 1.56% and 1.55% respectively for the provinces), while Ontario youngsters are least likely to end up in care (0.51%). Moreover the rate at which children are coming into care each year has increased steadily from a national average of 0.31% in 1962 to 0.44% in 1977.<sup>28</sup>

Sustained pressure on substitute care facilities tells only part of the story, since many more families receive services in the home. For the five provinces for which data is available (Nova Scotia, Newfoundland, Prince Edward Island, Ontario and British Columbia), the statistics show a steady and substantial growth in the number of kids in protective care (living at home but under the supervision of child welfare authorities) and families receiving supportive services such as day care, visiting homemakers and counselling. The increase has been particularly dramatic in Ontario, where the number of families receiving protection and preventive services rose by more than 18% in just one year (from 16,797 families with 37,293 children in June 1977 to 19,862 cases and 41,992 kids in June 1978).<sup>29</sup>

The rising rate at which Canadian families are turning to the child welfare system accounts for part of the overload problem. However there has also been a significant change in the kind of children coming into care which is exerting additional pressure on children's services. Whereas in the past young children were the major clients of services, now an increasing proportion are adolescents - more than half the caseload in many child welfare agencies.

This change is due in part to the fact that fewer children are born each year than in the baby-boom period, so that teenagers now make up a larger percentage of Canada's young. A contributing factor is a shift in government policy towards juvenile delinquents. Instead of the ineffective traditional approach of sending them to

training schools and juvenile institutions, current thinking holds that many problem teenagers are better off in foster homes and small group homes provided by the child welfare system.

Child care workers are noticing an alarming increase in the number of emotionally troubled adolescents coming into care. Unwed teenagers pose especially severe problems since the responsibility for a baby - or giving it up - adds emotional and often economic strain to the normal problems of adolescence. Because more and more unmarried mothers are choosing to keep their babies rather than relinquish them for adoption, supportive social services such as counselling and parent skill training are in great demand. However many single adolescent mothers are unable to cope with the responsibilities of parenthood and have to place their children in substitute care.<sup>30</sup>

The resulting drain on the limited resources of the child welfare system is enormous. The basic cost of food and clothing for a 15-year old in foster care is more than 60% higher than that for a one-year old, without taking into account the additional pressure on staff time and treatment resources.<sup>31</sup> Some of the more troubled teenagers need group homes with specially trained staff, but for most adolescents less costly foster care is suitable. Unfortunately there just aren't enough foster parents who are willing or able to take on the extra financial and emotional burden of an adolescent, especially since foster care rates in most provinces do not even cover the actual expenses incurred by foster parents.<sup>32</sup>

The shortage of foster homes at a time when demand has never been greater results in increased costs and inappropriate placements. Children who should be placed in foster homes have to be shunted into more costly group homes and treatment institutions. The situation has become so desperate that some foster families are taking in more foster children than they can reasonably be expected to handle.

The cost differences among the various forms of care graphically demonstrate why the foster home shortage and resulting use of group homes and institutions are causing such a heavy drain on the limited resources of the child care system. The Children's Aid Society of Metropolitan Toronto (the largest child welfare agency in Canada) pays \$6,877 a year to place a child in regular foster care, \$7,015 for special foster care (those homes willing to deal with emotionally troubled and physically handicapped youngsters), \$12,866 for a group home, \$17,385 to contract with a privately-operated institution, and \$35,325 a year for a child placed in an institution operated by the Society itself.<sup>33</sup>

Troubled teenagers form a growing share of the child welfare caseload, but they are by no means the only reason families turn to children's services for support or substitute care. The child welfare system has to grapple with a wide range of problems. Children suffering from severe physical or mental handicap have always made up a small but regular proportion of those who must be cared for outside their natural families. Parental neglect or incapacity, a catchall term covering everything from alcoholism, drug addiction, mental or physical illness, and imprisonment to death, desertion, lack of adequate housing and child abuse, has increased in importance in recent years and now accounts for two-thirds of all kids in care.<sup>34</sup>

There is one additional cause of overload that, ironically, stems from the very attempt to make the child welfare system more responsive and effective. Mandatory reporting of cases of suspected child abuse - and in a few provinces fines for professionals such as child care workers, teachers and doctors who fail to report - along with publicity campaigns and media attention have made child abuse an issue of considerable popular concern. The increasing flow of abused children into the children's services system (in Metropolitan Toronto alone, 34% more cases were reported in 1978



than 1977) is due in part to the public spotlight now being turned on the child abuse problem and the resulting pressure on child care services.<sup>35</sup>

This large and diverse clientele is overloading the circuits of the children's social services system. Child care workers struggling with caseloads as high as 40 families find it impossible to devote the time and attention their clients require. With a turnover rate of 22% a year and an average time on the job of only two years, 'burnout' has emerged as a major problem among caseworkers, and made the relationship between the child welfare system and its client families even more unstable and uncertain.<sup>36</sup> The pivotal decision whether or not to place a child in substitute care all too often is made quickly, in an atmosphere of crisis and with insufficient planning for a family's particular needs and problems.

In the present era of financial constraint, limited increases in provincial children's social services budgets simply have not kept pace with the rising cost of helping families in distress. Ontario's 50 Children's Aid Societies, for example, saw their core budgets for the 1979/80 fiscal year rise by only 5.3%, a net reduction in real dollars when the 9% increase in the cost of living is taken into account. Child and family services in Manitoba are in an even worse predicament because the provincial government allowed only a 3.9% growth in spending for 1979/80.<sup>37</sup>

And so the vicious cycle continues. Many children end up in substitute care by default because there aren't the preventive services and other resources needed to keep their families together. Substitute care continues to claim the major portion of child welfare spending at the expense of preventive and supportive services. The growing number of adolescents coming into care means that pressure on the child services network will grow even heavier in the 80's.<sup>38</sup>

## REFORMING THE CHILD WELFARE SYSTEM

All governments in Canada recognize that something has to be done about the existing child welfare system. The range and quality of services vary excessively from province to province and, within each province and territory, from region to region. The system is needlessly complex and fragmented, so that some services are wastefully duplicated and uncoordinated while others are inadequate or nonexistent. Costly substitute care in foster and group homes, treatment centers and institutions takes up the bulk of limited budgets, leaving supplementary and preventive services chronically underfunded and in desperately short supply.

Virtually every aspect of the children's services system - legislation, organization, mechanisms for decision-making, allocation of funds and design of particular programs and services - has been held up for scrutiny in recent years in an attempt to tackle its shortcomings and improve performance. Moreover there is universal agreement that social services should be more family-oriented to reflect what should be the overriding objective of the system: to support families and help them cope with their problems at an early stage, when those problems can be checked or at least kept at a manageable level.

A number of reforms of the child welfare system are necessary to implement such a family-oriented social services network. To combat the danger of children 'drifting' from one foster home or treatment center to another, the needs of each child and his family should be considered on a case-by-case basis. An individually-tailored plan should be drawn up for every family using social services (especially substitute care) and their progress carefully monitored and regularly reviewed. More time, effort and money must be devoted to preventive and supplementary services in order to balance the current preoccupation with substitute care

that, more often than not, treats only the effects - but not the causes - of family crisis.

Since decisions taken by the child welfare authorities can so profoundly influence a child's fate, both his rights and those of his parents should be better recognized. This can mean ensuring separate legal counsel for the child, his parents and even his foster parents. Stricter and more detailed regulations and guidelines are needed to determine when a child should be removed from his family, how long he can be held in temporary custody until a formal placement decision is taken, and how often his case should be reviewed.

Reorganizing the child welfare system to tackle the problems of excessive complexity, variability and duplication is another necessary avenue of reform. Ontario, for example, has already integrated within one agency a number of children's services - programs for the mentally ill and retarded, boarding homes and institutions, day nurseries, child abuse and juvenile programs among them - that previously were distributed among four different departments. The province is also experimenting with local children's services committees which would give consumers and the general public a say in the design and operation of children's services in their community.

Quebec has implemented a new Youth Protection Act which establishes the office of director of youth protection in each of the province's Social Services Centers and provides for improved decision-making, review and appeal procedures for children in care. A 14-member Youth Protection Committee has been named to act as arbitrator when there is a disagreement about how a child's care is being handled, and to promote the development of a wider range of preventive social services for Quebec families.

In addition to legislative and organizational reforms, more resources are being devoted to particular problems which lead

families into the children's services network. Child abuse is a prime example. Most provinces have enacted measures making it the responsibility of all citizens to report incidents of suspected abuse to the child care authorities. Central registries have been established to allow investigation and follow-up of reported cases of abuse and, in some provinces, child neglect. British Columbia, Manitoba and other provinces have set up community or hospital-based inter-disciplinary teams of child care experts to detect and treat abuse.

All of these areas of reform are welcome and, in most cases, long overdue. No one can deny that Canada's patchwork quilt of child welfare services needs mending and redesign.

But these reforms do not go far enough. They will improve the range, quality and delivery of programs and services for families in distress, and make the child welfare system operate more efficiently. However such changes by themselves can no more resolve the crisis of the child welfare system than the 55 mile per hour speed limit can solve the energy crisis.

There is only one effective response to the overload dilemma and it does not primarily involve the children's services system at all. Instead we must look beyond social services to the other major family support network that exists in Canada - the income security programs which replace lost earnings and supplement inadequate income.

Many kids who end up in the children's social services system should not be there in the first place. Most of their problems can be traced, directly or indirectly, to the fact that their families are unable to cope with the stress that comes with struggling to get by on an inadequate income.

Of the seven million children under the age of 18 in Canada, one million live in families whose incomes are below the



Statistics Canada poverty line. Another half million are in near-poor families with incomes above that line but under the Senate Committee on Poverty's definition of low income. In all, over one and half million Canadian children - more than one out of every five - are forced to endure the consequences of an inadequate income.

The various income maintenance programs of the federal and provincial governments are intended to meet the income deficiencies of Canadian families. Yet in spite of provincial welfare plans, federal family benefit programs (family allowances, the child tax credit, and the tax exemption for dependent children) and unemployment insurance, poverty is again on the increase. According to the latest figures from Statistics Canada, the number of poor families increased from 659,000 in 1977 to 666,000 in 1978. One need only look at the meager levels of benefits paid to low-income families to understand why, as anti-poverty measures, these programs are so inadequate.

Social assistance plans in every province guarantee families nothing but poverty. The income of a single-parent mother with two children, for example, from provincial welfare and federal family benefits ranges from \$1,398 below the poverty line in Prince Edward Island to \$3,908 below the poverty line in Quebec.<sup>39</sup>

The present situation of such government-ensured poverty is intolerable. Welfare rates must be increased at once to provide an income at least equal to Statistics Canada's poverty line. Also those benefits must be indexed automatically to reflect fully all increases in the cost of living.

One and a half million men, women and children in Canada live in working poor families. In addition to inadequate earnings and unrewarding jobs, low-income workers face a higher than average risk of becoming unemployed. Yet unemployment insurance pays benefits which make up only 60% of an already inadequate wage.

The federal government is reported to be considering changes to the unemployment insurance program in an effort to stem mounting costs.<sup>40</sup> Workers who quit their jobs without "just cause" or are fired for "misconduct" would be subject to stiffer eligibility requirements or excluded altogether from benefits. The previous benefit rate of two-thirds of insurable earnings would be revived, but only for unemployed workers supporting dependents, while those without dependents would see their unemployment insurance cheque reduced to 50% of insurable earnings.

Such changes will only worsen the situation of low-income workers. Many low-wage earners have to endure extremely unpleasant working conditions in return for meager wages and few if any fringe benefits. The more stringent unemployment insurance regulations under consideration would make it harder for low-wage workers to leave exploitative employers and look for better jobs.

Low-income unemployed persons without dependents would be further impoverished by a reduction in the unemployment insurance benefit rate from 60% to 50%. Moreover those with dependents would still not receive anywhere near an adequate replacement for earnings lost through unemployment. A jobless single parent with one child who has worked at \$3 an hour faces a grim prospect whether unemployment insurance pays two-thirds of previous earnings (which would provide only 54% of a poverty line income) or 60% (less than half the poverty line).

A more effective and equitable reform of unemployment insurance would be to pay a higher rate of benefits - at least 75% of previous earnings - for those whose income falls below the poverty line. Since less than 10% of unemployment insurance payments go to the lowest-income fifth of Canadians, such a beneficial change would seem well worth the small additional outlay.<sup>41</sup>

There are only two programs which offer financial assistance throughout Canada to all low-income families with children:

the federal family allowances and the refundable child tax credit. Together in 1979 these give up to \$440 for each child - \$240 from the family allowances to which all Canadian families are entitled, and \$200 from the tax credit which is paid to families with incomes under \$18,000.<sup>42</sup>

To reduce poverty in Canada, federal benefits to families with children must be substantially increased above their present levels. The most effective method for doing this is to raise the child tax credit since this program is specifically targetted to low and moderate-income families.

The money exists to improve the child tax credit with no increase whatsoever in government spending. In addition to family allowances and the child tax credit, the federal government has a third program to assist families with children: the tax exemption for dependent children. For the 1979 taxation year a parent can exclude from taxable income \$500 for each child under 17 and \$910 for dependent children over 17. Unlike the other two family income programs, the tax exemption for dependent children is completely regressive: it provides no benefits at all to those most in need, yet it gives the greatest benefits to the highest-income families. (An exemption of \$1,000 for two children, for example, provides a benefit - through a tax saving - of \$600 to a high-income person in a 60% tax bracket, but a saving of only \$200 to a modest-income person in a 20% tax bracket; it provides not a cent in benefits to someone so poor that his or her income is below the tax-paying threshold).

The tax exemption for dependent children should be abolished and all the money thus saved redirected to the child tax credit. If this had been done for the 1979 tax year, some \$900 million in lost revenue would have been recovered by the federal treasury.<sup>43</sup> With this money, the child tax credit could have been increased to \$360 per child. Added to the family allowances, this would

have meant a combined benefit from the federal government of \$600 per child for low and moderate-income families. In 1980 this benefit would go up to \$655 because of indexing for increases in the cost of living.

As part of its measures to curb spending, the federal government is reportedly considering a complete reorganization of its family income programs. Family allowances would be abolished, the child tax credit increased by the same amount as the allowances, and the children's tax exemption reduced by that amount.<sup>44</sup>

There are two crucial features that must be noted in evaluating this reported 'reorganization'. First, the exemption would not be eliminated entirely; it would only be reduced to about half of its present level. Second, the net effect of the reorganization would be no increase in the total benefits received by lower-income families since the child tax credit would rise just enough to compensate for the loss of the family allowances. The poor, mercifully, would not be further impoverished, but neither would low-income families with children receive the additional help which they so desperately need.

From the point of view of equity, it is totally absurd to propose the abolition of the family allowances while retaining part of the tax exemption. The allowances, because they are subject to tax, are progressive - greatest benefits go to the poor, and lesser benefits go to those with higher incomes. The exemption, as we have just noted, is completely regressive, no matter what its amount.

Moreover, any restructuring of federal family benefit programs would be acceptable only if all the resulting savings are redirected through the refundable child tax credit to low-income families. Such changes are completely unacceptable if the objective is only to reduce the federal deficit, or to defray the cost



of new tax expenditures such as the mortgage interest and property tax credits which will do nothing at all to help low-income Canadians.

The National Council of Welfare has long advocated a restructuring of federal family benefit programs so that they can become effective weapons in combatting poverty. We continue to advocate such a reform. But any change must be equitable, and its goal must be to provide substantially increased assistance to low-income families. The reorganization which the government is reported to be considering fails on both counts.

## CONCLUSION

There is a terrible illogic in the way our society supports its children in need. If their parents are unable to work or can only get a job that pays an inadequate wage, our 'income' security system offers little economic security. Yet if the family situation deteriorates to the point where the children must be placed in substitute care, the state must pay far more in the long run than what it would cost to ensure a sufficient income and the necessary preventive social services in the first place.

The cost differences are startling. In 1979 an Ontario single-parent mother and one child together received \$4,860 from provincial social assistance. However, if that same child lived in a foster home, he cost the Toronto Children's Aid Society \$6,877 - \$2,017 more than his family's annual welfare income - and \$12,866 (two and a half times the welfare income) if he were in a group home.<sup>45</sup>

Better income security programs, of course, will not mean that low-income families will never again need children's social services. All parents, at every income level, experience problems raising their kids and may, on occasion, turn to the social services system for help. But family distress which is caused or aggravated by lack of income would be greatly reduced and problems could be better handled before they develop into the kinds of crises that force children into substitute care.

If income programs were more effective in dealing with income problems, much of the pressure on the child welfare system would be relieved. Limited budgets for children's services would not have to be stretched so far and thin. More resources could be concentrated on developing more effective preventive and supportive

services to help keep families together. Higher-quality alternative care could be provided for those kids who simply cannot live with their own parents.

With better income security programs, income would no longer decide the fate of a family in distress. Instead of a beleaguered system reserved largely for kids from low-income homes, children's social services could become a comprehensive, first-class system of support available to all Canadian families. We could, at last, act in the best interests of our children - all our children.

FOOTNOTES

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1. Data on the number of children in care during the 'thirties provided by the Canadian Council on Social Development, from a January 1979 draft version of H. Philip Hepworth's forthcoming study Foster Care and Adoption in Canada. Data on children in care as of March 31, 1978 from Health and Welfare Canada, Basic Facts on Social Security Programs (Ottawa: July 1979), page 5.
2. Information compiled by the Social Service Programs Branch, National Health and Welfare, and refers to children in care as of March 1977.
3. Since the provincial governments do not follow a uniform format in providing detailed information on their children's social services budgets (few even make this information publicly available on a regular basis), it is impossible at this time to give an accurate figure for overall government expenditures on the child welfare system across Canada. Our estimate of three-quarters of a billion dollars for 1979/80 is a rough and almost certainly conservative guess. In the current fiscal year Ontario has allocated \$382 million for children's social services, including preventive and protection services, substitute care and operating expenses of the Children's Aid Societies. Quebec has devoted \$272 million for substitute care alone this year. The figures for Quebec and Ontario total \$654 million, and do not even include the cost of Quebec's preventive services and the operating expenses of Social Services Centers which deliver child welfare services. Since Quebec and Ontario together account for only 56% of children in care throughout Canada, it would seem reasonable to estimate that the overall cost of Canada's child welfare system (both substitute and supplementary services) will amount to at least \$750 million in 1979/80.
4. Beauchamp, Nicole. "Le 'placement' ne convient pas au quart des 30,000 enfants 'ping-pong' du Québec", La Presse (Montreal), October 25, 1979. See also Jacques Vachon, Les Parents Face Au Placement (Sherbrooke: Département de service social, Université de Sherbrooke, 1978), page 33.
5. Booth, Alan. Urban Crowding and Its Consequences (New York: Praeger Publishers, 1976), page 53.
6. Ibid., pages 72 and 79. For a comprehensive and up-to-date review of effects of overcrowding, see Walter R. Gove et. al., "Overcrowding in the Home: An Empirical Investigation of its



Possible Pathological Consequences", American Sociological Review, Vol. 44, No. 1 (February 1979). Though research in recent years has demonstrated a significant statistical relationship between stress and a range of physical, psychological and social effects, knowledge of the causal mechanisms involved (i.e. how, when and why stressful conditions such as overcrowding produce their observed effects) remains limited. Stress neither automatically nor uniformly affects everyone; more research is required to determine the conditions under which stress operates and the factors - climate, heredity, nutrition, supportive personal relationships, and the like - that can moderate or alter its consequences. See, for example, Sidney Cobb, "Social Support as a Moderator of Life Stress", Psychosomatic Medicine Vol. 38, No. 5 (September/October 1976) and B.S. and B.P. Dohrenwend (eds.), Stressful Life Events: their Nature and Consequences. (New York: John Wiley and Sons, 1974).

7. Rutter, Michael and Nicola Madge. Cycles of Disadvantage: A Review of Research (London: Heinemann, 1976), page 251.
8. Information provided by the Canadian Council on Social Development, from a draft of H. Philip Hepworth's forthcoming Foster Care and Adoption in Canada. In Saskatchewan, for example, since 1973 Indian and Métis children have each comprised 25% of admissions into care, yet only 3 to 4% of discharges via adoption have been Indians, and between 3 and 4.5% Métis children. The discharge rate for white children is over three times as great - between 11.5 and 13% since 1973.
9. National Council of Welfare. Women and Poverty (Ottawa: October 1979), page 11.
10. Brown, George W. et. al. "Social Class and Psychiatric Disturbance Among Women in an Urban Population", Sociology Vol. 9, No. 2 (May 1975), page 243. Though this pioneering British study of depression among London women aged 18-65 does not focus specifically on single-parent women, there is no reason to suspect the general pattern of its findings differs significantly for single mothers; indeed, if anything, the incidence of stress among low-income single mothers probably exceeds that of low-income women in general. The study's most striking finding is the substantial difference in susceptibility to depression between lower and higher-income women. One in four of the low-income women experienced chronic depression, five times as many as higher-income women. More-over 42% of low-income women with preschool children had undergone recent or chronic depression as opposed to less than 5% of the comparable group of middle-income mothers. Two factors appear to account for this difference. First, stressful

incidents and circumstances - particularly those related to overcrowding, threats of eviction and other housing difficulties - were more frequent, severe and long-lasting among the lower-income women interviewed. Second, the higher-income women in the high-risk category (i.e. mothers with young children at home) were more likely to report a supportive relationship with their husbands or boyfriends, and less likely at a young age to have lost their own mothers due to death or separation - factors which appear to increase their resistance to or ability to cope with stress. These latter factors may or may not be unique to British urban society, but there is little doubt that the general pattern of income-based differences in stress-related problems such as depression applies as well to the Canadian population. Research is currently being conducted at the University of Western Ontario concerning the links between social class, stress and illness. See "It pays to be rich: lower class suffers more from accidents, illness, researcher says", London Free Press (London, Ontario), February 8, 1979.

11. National Council of Welfare. Women and Poverty (Ottawa: October 1979), page 29. In addition to 1979 social assistance payments for a female-headed single-parent family with two children aged 9 and 12, income includes federal (and, in the case of Quebec, provincial) family allowances, the federal refundable child tax credit and, where applicable, provincial refundable tax credits. Since poverty lines vary by size of community of residence, families were assumed to be living in the largest city in each province.
12. Heppner, Barbara. The Recipient and the Welfare System: Living on Welfare in Montreal (Montreal: McGill School of Social Work, 1974), page 104.
13. The limited evidence available suggests that the actual incidence of child abuse is, in fact, higher among low-income families. See Leroy H. Pelton, "Child Abuse and Neglect: the Myth of Classlessness", American Journal of Orthopsychiatry Vol. 45, No. 2 (April 1975). However it is widely acknowledged that child abuse among higher-income families is less likely to come to the attention of child welfare authorities, and therefore less apt to show up in public statistics. Higher-income families rarely receive counselling, social assistance payments and other types of assistance from social welfare agencies and are therefore not subject to the scrutiny of abuse-conscious case workers. Despite recent attempts to increase public awareness of child abuse, the family doctor is probably still hesitant about probing into the cause of a child's injuries, whereas the staff in hospital clinics and emergency wards (used proportionately more by low-income

families) are more likely to be trained in methods of detecting abuse. Higher-income families, in other words, are in a better position to conceal child abuse than are low-income parents.

14. Natural Parent Group of the Ministry of Human Resources, "Just Because I'm a Natural Parent". Paper presented to the British Columbia Federation of Foster Parent Associations Annual Meeting, Vernon, B.C., May 25-27, 1979, page 2.
15. These and other clauses are contained in the Standing Committee on Health, Welfare and Social Affairs Report to the House of Commons, Child Abuse and Neglect (Ottawa: Printing and Publishing, Supply and Services Canada, July 1976), Appendix B.
16. Natural Parent Group. "A Good Decision". Paper presented to the British Columbia Federation of Foster Parent Associations, Vernon, B.C., May 25-27, 1979, page 3.
17. Natural Parent Group, "Just Because I'm a Natural Parent", page 3.
18. Natural Parent Group, "Eight Years Too Late", page 2.
19. "The Feelings of a Foster Child", Ontario Association of Children's Aid Societies Journal Vol. 4, No. 14 (April 1971), page 15.
20. A foster child cited in Robert L. Geiser, The Illusion of Caring: Children in Foster Care (Boston: Beacon Press, 1973), page 35.
21. McParland, Brian. Forty-Nine Children (New Westminster: British Columbia Ministry of Human Resources, 1978), page 35. The children in this study were selected from 126 children in foster care in the New Westminster area as of January 1977. Because of the small sample size and variability of child welfare systems across Canada, one cannot claim that 80% of foster kids everywhere have little hope of reunion with their natural parents. However other studies confirm the general pattern revealed here: a substantial proportion of foster children remain in care and, the longer they do so, the less their chance of returning home or being adopted.
22. Silverman, Peter. Who Speaks for the Children? (Don Mills, Ontario: Musson Book Company, 1978), page 156. These particular figures apply to Ontario, but the general pattern indicated has been corroborated by studies in other parts of Canada and other countries.

23. Palmer, Sally. The Decision to Separate Children from their Natural Parents (London, Ontario: Family and Children's Services of London and Middlesex, n.d.), pages 93, 111-112.
24. Loo, Stanley. The Movement of Children in a Child Welfare Agency (Toronto: Children's Aid Society of Metropolitan Toronto, 1972), page 194.
25. Rosenblum, Barbara. Foster Homes and Adolescents (Hamilton, Ontario: Children's Aid Society of Hamilton - Wentworth, 1977), pages 122-123. This study looked at teenagers in foster homes and their foster parents in three Ontario Children's Aid Societies. Whereas foster parents traditionally come from working class and lower middle-class backgrounds - see, for example, Betty Reid Mandell Where are the Children?: A Class Analysis of Foster Care and Adoption (Lexington, Massachusetts: Lexington Books, 1973), page 36 - there is evidence that the rising cost of fostering children (especially teenagers) and the inability of foster care rates to keep pace with the cost of living, are making foster care increasingly an activity for higher-income families. Rosenblum found that younger foster parents were more affluent than older foster parents and concluded (page 123) that "we are ... failing to recruit and retain young foster parents with modest incomes".
26. Landsberg, Michele. "Tidal wave of troubled children", Toronto Star, (Toronto), February 27, 1979.
27. Alexander, Colin. "Family life breakdown", Sunday Post of Canada (Ottawa), July 22, 1979.
28. Data for 1970 from Health and Welfare Canada, Canada Assistance Plan Annual Report 1969/70 (Ottawa, 1971), page 16. This figure (102,000) represents 1.16% of children 19 years and younger (population estimates for 1970 do not provide figures for the number of children 18 years and younger), whereas children in care in 1978 were 0.96% of all Canadians aged 19 and under. Results for the Yukon and Northwest Territories, Alberta and Quebec are expressed in terms of the child population 18 years and younger, since the latter is a more common age cut-off for children. See Appendix B of the present report for the proportion of children in care for each province. Data on the rate at which children have been coming into care (expressed in terms of all children 19 and under) taken from the January 1979 draft of H. Philip Hepworth's forthcoming Foster Care and Adoption in Canada.
29. Information provided by the Social Service Programs Branch, Health and Welfare Canada.



30. Turner, Peter. Operational Review: Children's and Youth Institutions (Toronto: Ontario Ministry of Community and Social Services, 1979), pages 73-74. Ontario has witnessed a marked increase during the past decade in the number of girls 16 years old and younger entering maternity homes, a fact which reflects in part the increase in the pregnancy rate of unwed teenagers. Between 45% and 75% of maternity home residents are electing to keep their babies, compared with 10-25% 10 years ago. However many unwed teenage mothers end up placing their children in care, so that in Metropolitan Toronto, for example, over 60% of single parent cases handled by the Children's Aid Society now involve teenagers.
31. O'Brien, M.T. "Some Variables in the Cost of Care for Children" Ontario Association of Children's Aid Societies Journal, Vol. 8, No. 20 (October 1977), page 11.
32. Ryant, Joseph. A Review of Child Welfare Policies, Programs and Services in Manitoba (Winnipeg: Ministry of Health and Social Development, 1975), page 175. In Metropolitan Toronto, foster care rates currently range from \$6.30 a day in shelter, food and spending allowance for a child 5 years and younger to \$9.25 a day for foster children 13 years and older. According to a July 12, 1979 news release by the Ontario Ministry of Community and Social Services, the number of foster home closures exceeded the number of openings during the 70's, though in 1978 the situation improved slightly (2,196 openings, 2,021 closings). The number of foster homes declined by one third from 9,561 in 1970 to 6,387 in 1978.
33. Information provided to the National Council of Welfare by the Children's Aid Society of Metropolitan Toronto. Figures represent averages of expenditures, which vary by age of children in care.
34. From a draft of H. Philip Hepworth's forthcoming Foster Care and Adoption in Canada.
35. Zosky, Brenda. "The plight of problem children", Toronto Star (Toronto), July 1, 1979.
36. Malarek, Victor. "Burnout defeating social workers", The Globe and Mail (Toronto), October 20, 1979.
37. Barr, Doug. "Ontario shortchanging kids!", Toronto Sun (Toronto), November 15, 1979. 'Core budget' means money for essential operating expenses such as staff salaries and foster care payments. Children's social services in Ontario will receive an 8% increase for 1980/81, but even this more generous increase will not offset the effects of inflation. Data for Manitoba from John Sullivan, "Health, education take top priority in government's spending projects", Winnipeg Free Press (Winnipeg), February 28, 1979.

38. There is some evidence that, in Toronto at least, a growing proportion of teenagers coming into care are from middle-income families. See, for example, Barbara Yaffe, "CAS seeing more middle-class teenagers", The Globe and Mail (Toronto), April 19, 1979. Whether such a broadening of the child welfare population is happening elsewhere in Canada is impossible to assess in the absence of reliable income data on families using social services. However if more middle-class families are in fact coming into the child welfare system throughout the country, this trend will constitute yet another source of overload on children's social services.
39. National Council of Welfare. Women and Poverty (Ottawa: October 1979), page 29. The 'poverty gap' (the amount below the relevant poverty line) in 1979 for a single-parent family with two children aged 9 and 12 is as follows: \$2,669 in St. John's, Newfoundland; \$1,398 in Charlottetown, Prince Edward Island; \$2,609 in Halifax, Nova Scotia; \$3,533 in St. John, New Brunswick; \$3,908 in Montreal, Quebec; \$3,174 in Toronto, Ontario; \$2,636 in Winnipeg, Manitoba; \$1,997 in Regina, Saskatchewan; \$2,640 in Edmonton, Alberta; and \$2,546 in Vancouver, British Columbia.
40. These and other options for amending the unemployment insurance program are presented in "Possible Amendments to the Unemployment Insurance Act, 1980" (October 9, 1979), a document publicly released by the Minister of Employment and Immigration at a November 1979 meeting of the Commons Committee on Labor, Manpower and Immigration.
41. According to the Economic Council of Canada, the bottom income quintile of family units received 8.1% of unemployment insurance benefits in 1975. See the Economic Council of Canada's Canada's Fifteenth Annual Review, A Time for Reason (Ottawa: Printing and Publishing, Supply and Services Canada, 1978), page 95. If the benefit rate for the lowest-income fifth were increased from 60 to 75% of insurable earnings, the required increase in payments would represent less than 3% of gross benefit payments made in 1978. Unemployment insurance program information obtained from Health and Welfare Canada, Basic Facts on Social Security Programs (Ottawa: July 1979), page 45.
42. Family allowances, the child tax credit and the income limit for receiving a full credit are all indexed annually to the cost of living. In 1980 family allowances will increase to \$262 a year, while the child tax credit will be \$218. The full credit will be paid to all families with incomes (during the 1979 tax year) under \$19,620.

43. According to estimates in the National Council of Welfare's report The Hidden Welfare System Revisited (March 1979) the revenue loss to the federal and provincial governments in 1976 due to the children's exemption was \$966 million. The federal portion of this loss came to about \$700 million. An estimate for the 1979 federal revenue loss from the children's exemption can be made by multiplying \$700 million by the percentage increase in the "indexing factor" which is used by the Finance Department to adjust the amount of the exemption for cost-of-living increases.
44. Shifrin, Leonard. "Tory family allowance cuts could help PQ greatly", Ottawa Citizen (Ottawa), November 13, 1979.
45. Information provided to the Council by the Children's Aid Society of Metropolitan Toronto.

APPENDIX A

THE RESOURCES GAP: A STORY OF TWO FAMILIES

The best way to understand why families come to need outside help in caring for their children, and how income so strongly influences the kinds of resources available to them, is to look at a concrete example. The families portrayed in the following pages are fictional, but their problems and circumstances are typical of many Canadian homes.

A low-income family

Paul is 15 years old. Unlike most teenagers his age, he is currently living in a group home for troubled adolescents. His mother lives 200 miles away; he has not seen or heard from his father in years.

Seven years ago Paul's father deserted his wife and family. He had worked as a skilled machinist but lost his job when a recession forced the plant to cut back production. His alcohol problem, which his wife felt had contributed to his being among those laid off, grew steadily worse and he drifted from one low-paid job to another. Finally he was fired for drinking on the job.

Paul's mother had to take a full-time job to make ends meet. Her husband resented this because it made him feel inadequate and a failure as the family provider. He began to quarrel frequently with his wife. Once, during a particularly bad drinking bout, he slapped Paul hard enough to give him a nose-bleed. Paul was bewildered, upset and angry. His mother began to fear and resent her husband's violent outbursts. One night Paul's father went out and never returned.



Paul's mother tried her hardest to cope with the new situation. The additional burden of being the family's sole breadwinner and parent dulled the pain of her broken marriage. But her earnings as a waitress could not cover the household expenses, so the family moved to a smaller apartment across town. Though the move eased the family's financial squeeze, it led to a series of disruptions and difficulties.

Paul had always been an above-average student, but his grades deteriorated when he moved to his new school. His teacher called his mother in for an interview. Paul's teacher recognized his superior ability but said he was becoming sloppy in his work and losing interest in school. Paul's mother agreed to go over some of his exercises with him during the evening, even though she was usually exhausted after a long day on her feet at the restaurant.

Before the move, Paul's three year old sister had been cared for by his grandmother, and Paul went to her place after school until his mother returned from work. Now new arrangements had to be made, since the grandmother lived too far from their new apartment. Paul's mother tried to place her daughter in a nearby day care center, but there was a long waiting list. She had to resort to a private babysitter who lived in the neighborhood but cost more than a subsidized place in the day care center.

Paul's mother soon became suspicious about the quality of care her daughter was getting; the babysitter also took in an older boy and two infants, and her home was untidy and crowded. Luckily she was able to arrange for a subsidized place in another day care center, which a friend at work used for her child, but now transportation became a problem. Paul's mother could not afford to run a car even if she owned one, so she had to get up earlier each day and take his sister by bus to the day care. This meant she was later returning home at night.

Paul was given a key to let himself into the apartment after school, though a neighbor agreed to look in on him each afternoon. One day there was no answer when the neighbor knocked on Paul's door. Worried, she went out to look for Paul and found him playing with some older kids at a nearby construction site. She complained to Paul's mother. Three weeks later Paul was brought to the neighbor's door by a policeman after Paul and one of his friends had been caught shoplifting in a corner grocery. No charges were laid, but the neighbor refused to take any further responsibility for Paul after school.

Paul's mother was frightened by the change in her son, who was becoming sullen and withdrawn at school and rebellious at home. To make matters worse, his sister came down with a respiratory infection and had to be kept home from the day care center for a month. Paul's grandmother moved in temporarily to help care for the sick child, whose hacking cough kept the whole family awake at night. The two-bedroom apartment was now extremely cramped, and Paul's irritability and occasional temper tantrums made the atmosphere tense.

A few weeks later Paul and two friends were caught stealing bicycles in return for cigarettes and money provided by an older boy who had dropped out of high school. Because of his previous trouble, Paul was brought before a juvenile court judge who placed him on six months' probation. A social worker from the Children's Aid Society visited Paul's mother and established a good relationship with her. Paul's mother spilled out her troubles to the sympathetic caseworker.

However the relationship between Paul and his mother grew steadily worse. When the summer vacation came, the situation deteriorated further. Paul had his heart set on a three-week summer camp he had heard about from two of his classmates, but his mother could not afford the tuition. Paul had little to occupy

his time and blamed his mother for not sending him to the summer camp. He was caught stealing again, but the owner of the store took pity on him and only telephoned his mother. That night Paul and his mother quarrelled bitterly; Paul hit her and broke her glasses. At her wit's end, she contacted the social worker. They decided that it would be best for all concerned if Paul were placed in a temporary foster home.

Paul was fortunate. His foster parents had dealt with many children like him and were patient and understanding, even when he threw an occasional temper tantrum. But Paul was homesick and after four months was allowed to rejoin his family.

At first things went quite well at home, but Paul still performed poorly at school. One day his mother received a phone call at work from the vice-principal, who asked why Paul had not been at school for the past week. When she returned home she confronted Paul, who refused to say where he had been and angrily stalked out of the apartment. Paul showed up at the home of his temporary foster mother, but she was unable to take him in because she had another child in care. She contacted Paul's caseworker, who arranged to have him placed in a reception/assessment center operated by the Children's Aid Society. After three weeks Paul was placed with another foster family.

Paul visited his mother and sister on his birthday and holidays and day-dreamed about moving home permanently. He got along well with his new foster parents, though he had become a rather shy and subdued child and was still a mediocre student. After a year his mother remarried. Paul reacted badly and could not conceal his hostility towards his stepfather. His visits home became more infrequent and, after he quarrelled repeatedly with his stepfather, Paul's mother decided his presence was disruptive and a threat to her marriage.

The trouble with his mother and stepfather had a bad effect on Paul. His caseworker told his foster parents that Paul, who was not in his early teens, had reached an age when children are vulnerable to identity confusion and emotional upheaval, and that Paul's troubled past was making itself known in the form of erratic moods and difficult behaviour.

Paul's relationship with his foster family took a turn for the worse. After an argument over his staying out late without permission, Paul lashed out violently and smashed some furniture. When he struck his young foster sister, his foster parents decided they could no longer handle or tolerate his behaviour. Regretfully they called in Paul's caseworker and asked that other arrangements be made for his care.

Paul's problems were diagnosed as too serious to warrant placement in another regular foster home. He was moved to a group home for troubled adolescents which offers counselling and psychiatric treatment.

Paul's mother visits him only a few times a year since her husband was transferred to another city. Paul hopes to be moved to a special foster home willing to deal with emotionally distressed adolescents, but his is only one name on a long list of applicants waiting for a chance to live a more normal family life.

#### An affluent family

Robert is also 15 years old. Like Paul he has a history of problems at home and school. However Robert is currently attending a private boarding school.

Robert had always been a bright and successful student, but when he reached the seventh grade things began to change.



Robert's gym teacher found him stealing money from other children's pockets in the changing room. Robert could not offer any explanation for his totally out-of-character behavior. His gym teacher spoke with the school's guidance counsellor, who in turn took the matter up with the principal. They decided to send Robert to a child psychiatrist employed by the school board. Meanwhile the guidance teacher, a friend of Robert's mother, told her about the incident after their weekly bridge game. They agreed it would be best not to let Robert's father know about the situation.

At first Robert wouldn't say much to the psychiatrist, but after a second visit he felt more at ease and began to talk freely. He told the psychiatrist about several acts of vandalism and petty theft he and a few friends had done 'for kicks' without getting caught. Robert also complained that his father was too strict, had an alcohol problem and had once knocked him down and sprained his wrist, though the family doctor was told the accident had happened during a hockey game. Robert spoke of frequent shouting matches between his parents, usually when his father drank too much.

After some probing, the psychiatrist discovered that Robert's younger sister was a major problem for him and his parents. From an early age she had been a restless and unmanageable child, running before she learned to walk, never appearing to move out of the stage where relentless curiosity and a compulsion to touch and handle every object around them can make children a handful for the most patient parent. Robert often bore the brunt of his sister's aggressive behavior, particularly since his parents forbade him to strike back because he was older and stronger than her.

Robert's sister was the terror of her kindergarten class, constantly talking, moving about and interrupting the other youngsters. Her teacher discussed the problem with Robert's parents

and they decided to seek professional help. The family doctor referred them to a child psychiatrist, who diagnosed Robert's sister as hyperactive and prescribed a combination of drug therapy and a special diet. The diet was costly and a bother, as were the weekly sessions with a psychologist specializing in hyperactive children, but Robert's parents felt the money and effort were well spent. Because the hyperactive condition caused perceptual difficulties which interfered with her schooling, Robert's sister was sent to an expensive private school that offered remedial education and special counselling.

After several more sessions Robert's psychiatrist met with his mother and the guidance counsellor. He diagnosed Robert as suffering from a form of 'identity confusion' common among young adolescents, aggravated by an 'ambivalent relationship' with his father, who wasn't providing the 'stable role model' that Robert needed so much at this point in his 'psychosocial development'. As a result, Robert was 'engaging in acting-out fantasies' that masked his inner turmoil. His parents' marital difficulties were aggravating Robert's problems, and Robert clearly envied and resented the extra effort and attention devoted to his younger sister.

Robert's mother explained that her husband was undergoing treatment in a program his company provided for executives with a 'stress-induced drinking problem'. After some prodding from both the psychiatrist and the guidance teacher, she agreed to visit a highly recommended (and expensive) marriage counsellor. Robert's father agreed, and the two began weekly counselling sessions that lasted for six months. In the end Robert's parents decided to separate. Robert's mother kept the house and one of the family cars, and a generous child-support and maintenance allowance agreement was negotiated by the couple's lawyers.

While all this was happening, Robert appeared to settle down. He was secretly relieved that his father was no longer at

home, though he felt guilty when his dad took care of him every other weekend. When the school year ended, Robert's mother sent him to a wilderness camp for a month. Robert thrived on the change - the new experiences and friends, the distance from his family problems. After Robert returned home things went smoothly for a while. His father supported Robert's decision to try out for the school football team; when he made the team, his dad rewarded him with a set of equipment.

But one night Robert and two of his friends got drunk and decided to take his mother's car for a ride. They hit a curb and swerved into the back of a neighbor's parked car. The boy's parents were informed and settled out of court.

Robert's mother was shocked by her son's relapse and decided that the fault lay in the 'bad influence' of his friends. After talking the matter over with her ex-husband (by now they had divorced), she decided that Robert needed a new environment. With his father's approval and financial support, Robert was sent to a private boarding school. He dislikes the school's stiff regiment and the isolation from his mother and old friends, and his marks have not improved much. Robert wants to move back home but his mother, though she misses him, feels the boarding school is the best place for him.

APPENDIX B

CHILDREN IN CARE AS OF MARCH 31, 1978 AS A  
PERCENTAGE OF ALL CHILDREN AGED 0-18, BY PROVINCE

Province	Number of children in care	Children in care as a percentage of children aged 0-18
Newfoundland	3,305	1.41%
Prince Edward Island	282	.65
Nova Scotia	2,178	.77
New Brunswick	2,200	.89
Quebec	30,938	1.55
Ontario	13,615	.51
Manitoba	2,811	.83
Saskatchewan	2,638	.82
Alberta	10,474	1.56
British Columbia	10,415	1.35
North West Territories and Yukon	1,100 *	3.90
<hr/>		
CANADA	79,956	1.05%

\* Estimate



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## NATIONAL COUNCIL OF WELFARE

The National Council of Welfare was established by the Government Organization Act, 1969 as a citizens' advisory body to the Minister of National Health and Welfare. Its mandate is to advise the Minister on matters pertaining to welfare.

The Council consists of 21 members, drawn from across Canada and appointed by the Governor-in-Council. All are private citizens and serve in their personal capacities rather than as representatives of organizations or agencies. The membership of the Council includes past and present welfare recipients, public housing tenants and other low-income citizens, as well as lawyers, professors, social workers and others involved in voluntary service associations, private welfare agencies, and social work education.

Reports by the National Council of Welfare have dealt with income security, taxation, the working poor, children in poverty, single-parent families, social employment, social services, community organization, nutrition, legal aid/legal services, low-income consumers, poor people's groups and poverty coverage in the press.

*On peut se procurer des exemplaires en  
français de toutes les publications du  
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